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I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Theodore P. Cummings 40,973
Name Registration No. (if applicable)
Signature
Date 12/2/04

IN THE UNITED STATES PATENT & TRADEMARK OFFICE
RESPONSE/AMENDMENT

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/603,279
Applicant(s) : Lee Michael Teras, et al.
Filed : June 25, 2003
Title : METHOD FOR REDUCING ACRYLAMIDE IN CORN-BASED FOODS, CORN-BASED FOODS HAVING REDUCED LEVELS OF ACRYLAMIDE, AND ARTICLE OF COMMERCE
TC/A.U. : 1761
Examiner : Keith D. Hendricks
Conf. No. : 4437
Docket No. : 9286L
Customer No. : 27752

1. ☒ No additional fees (claims fees or extension fees) are known to be required.
2. ☒ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 43	MINUS	** 44	= 0	x \$18 =	\$0
INDEP.	* 12	MINUS	*** 13	= 0	x \$88 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$300 =	\$0
					TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☒ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated June 30, 2004 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$980.00 for a three-month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
 - a. ☒ Any patent application processing fees under 37 CFR §1.16.
 - b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

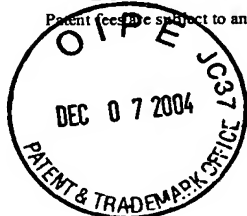
By

Theodore P. Cummings
Registration No. 40,973
(513) 634-1906



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.



Complete if Known

Application Number	10/603,279
Confirmation Number	4437
Filing Date	June 25, 2003
First Named Inventor	Lee Michael Teras, et al.
Examiner Name	Keith D. Hendricks
Art Unit	1761
Attorney Docket No.	9286L

TOTAL AMOUNT OF PAYMENT (\$ 980.00)

METHOD OF PAYMENT

1. ☒ The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION

1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
1001 790	Utility filing fee	<input type="checkbox"/>
1002 350	Design filing fee	<input type="checkbox"/>
1004 790	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$)[0]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

		Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/> =	<input type="checkbox"/>
Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/> =	<input type="checkbox"/>
Multiple Dependent			<input type="checkbox"/> =	<input type="checkbox"/>

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 88	Independent claims in excess of 3
1203 300	Multiple dependent claim, if not paid
1204 88	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[0]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
1051 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251 110	Extension for reply within 1 st month	<input type="checkbox"/>
1252 430	Extension for reply within 2 nd month	<input type="checkbox"/>
1253 980	Extension for reply within 3 rd month	<input checked="" type="checkbox"/>
1254 1,530	Extension for reply within 4 th month	<input type="checkbox"/>
1255 2,080	Extension for reply within 5 th month	<input type="checkbox"/>
1401 340	Notice of Appeal	<input type="checkbox"/>
1402 340	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 300	Request for oral hearing	<input type="checkbox"/>
1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,370	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,370	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 490	Design issue fee	<input type="checkbox"/>
1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>
1806 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809 790	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810 790	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801 790	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802 900	Request for expedited examination of a design application	<input type="checkbox"/>
1454 1370	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$) [980]

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Theodore P. Cummings	Registration No.	40,973
Signature		(Attorney/Agent)	
		Telephone	(513) 634-1906
		Date	12/2/2004

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Feetrans.doc (Revised for P&G use 10/1/2004)

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